

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039511

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 39-62

STATE FILE NUMBER

FILED NOV 15 1962

1. PLACE OF DEATH

a. COUNTY

Miller

b. CITY (If outside corporate limits, give TOWNSHIP only)

Tuscumbia

Length of stay in 1b

5 days

c. FULL NAME OF (If NOT in hospital, give location)

Humphrey-Hospital

Inside limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Miller

c. CITY OR TOWN

ELDON

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

4 mi. S.W. - ELDON

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

Parlee

First

Monroe

Middle

Last

4. DATE OF DEATH

Nov. 7

Month

Day

Year

1962

5. SEX

FEMALE

6. COLOR OR RACE

White

7. Married

Widowed ☒

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

30 Oct-1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done During most of working life, even if retired)

House-wife

10b. KIND OF BUSINESS OR INDUSTRY

At-Home

11. BIRTHPLACE (City and state or country)

Ouachita - LA

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

ELIAS S. SCAGGS

13b. MOTHER'S MAIDEN NAME

ETHEL E. COOK

14. NAME OF HUSBAND OR WIFE

LEE MONROE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

1

Lee-Monroe

ELDON-MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Failure

INTERVAL BETWEEN ONSET AND DEATH

2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Left Cerebral Hemorrhage

4 days

DUE TO (c)

Severe Arteriosclerosis

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

NONE

20c. TIME OF INJURY Hour a.m. p.m.

NONE

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

NONE

20f. CITY, TOWN, OR LOCATION

NONE

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at _____ 12:05 P _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

N. L. Kirk DO

22b. ADDRESS

ELDON MO

22c. DATE SIGNED

8 Nov-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9 Nov-1962

23c. NAME OF CEMETERY OR CREMATORY

Tuscumbia

23d. LOCATION (City, town, or county)

Tuscumbia

(State)

MO

24. FUNERAL DIRECTOR

Keith-M-Kays

ADDRESS

ELDON-MO

25. DATE RECD. BY LOCAL REG.

Nov. 9, 1962

26. REGISTRAR'S SIGNATURE

Mrs. D.E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Keith M. Kays

Licensed Embalmer No. *3998*

P. O. Address *Eldon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.